

I am not suggesting that America become the rigid, inflexible, fully supportive rod for the Iraqi spine or backbone, but rather serve as a brace or splint to permit and encourage independent function. I firmly believe that day will come, Mr. Speaker. I pray it will be sooner rather than later.

#### AMERICA'S UNINSURED

The SPEAKER pro tempore (Mr. PENCE). Pursuant to the order of the House of January 20, 2004, the gentleman from New Jersey (Mr. PALLONE) is recognized during morning hour debates for 5 minutes.

Mr. PALLONE. Mr. Speaker, this week Republicans begin an 8-week public relations campaign in an attempt to sell their special interest agenda to all Americans. Unfortunately, when Americans look beyond all the rhetoric, they will see the Republican proposals do nothing for the middle class. The so-called "Hire Our Workers" campaign begins this week with Republicans highlighting three pieces of legislation that they say will help the uninsured find insurance and middle class Americans better afford health care. But, Mr. Speaker, the Republican public relations effort is necessary because their health care proposals do no such thing.

This week is "Cover the Uninsured Week." But unfortunately, nothing the Republican Congress is proposing will help the more than 44 million Americans without health insurance gain any insurance. As health care costs continue to increase way above the rate of inflation, the Republicans' health care proposals this week do nothing to help those Americans struggling to pay these ever-increasing prices.

The three health care bills that Republicans are offering this week are simply a ruse. Furthermore, each of these pieces of legislation has already been passed by the Republican majority and each of these bills have been proven to increase health costs, dismantle the employer-sponsored health insurance base, and increase the number of uninsured Americans.

Republicans will claim their Association Health Plan legislation will lower rates and provide greater access to insurance, but the reality is that AHP legislation would result in less health care access and dramatic increases in premiums for State insurance-based employers. AHPs would fragment and destabilize the small group market, resulting in higher premiums for many small businesses. And the Republican legislation would also allow employers to "cherry-pick," attracting younger, healthier individuals to join AHPs, while leaving older, sicker individuals in the traditional insurance market which results in increased premiums for the remaining pool.

Mr. Speaker, the Republican Health Savings Account legislation creates a tax-favored savings provision with no income limitations. The main reason Republicans want to pass this bill is to

create a new tax shelter for the healthy and wealthy while, at the same time, threatening higher health insurance premiums for everyone else.

The Republican PR machine will claim this legislation helps the uninsured by providing a tax credit that would allow the uninsured to set aside up to \$2,000, tax free, in a new health savings account to supposedly help pay for health insurance. But unfortunately, it is highly unlikely that most uninsured Americans will be able to take advantage of this program, because they have an extremely difficult time saving \$2,000 a year for health care.

Mr. Speaker, the final component of the Republican agenda is medical liability reform. Republicans will claim that this legislation will address the sky-rocketing costs of health care, but Republicans are doing nothing to address spiraling insurance premiums for doctors. The nonpartisan Congressional Budget Office concluded that "Malpractice costs account for a very small fraction of total health care spending; even a very large reduction in malpractice costs would have a relatively small effect on total health plan premiums."

If Republicans truly want to help the uninsured and underinsured, they should set aside their rhetoric and pass three pieces of legislation introduced by the Democrats. First, the Family Care Act expands Medicaid and SCHIP to provide affordable coverage to about 7.5 million working parents. Second, the Medicare Early Access Act provides coverage to 3.5 million people who are over the age of 55, but not yet eligible for Medicare, by allowing them to purchase Medicare coverage. And third, the Small Business Health Insurance Act creates a 50 percent tax credit to help small businesses with the costs of health care.

These Democratic proposals not only offer significant reductions in the ranks of the uninsured, but also rein in spiraling health care costs to our Nation.

Mr. Speaker, Americans deserve results here on the House floor. It is unfortunate that for the next 8 weeks, all they are going to get from the Republican majority is more political spin.

#### COVER THE UNINSURED WEEK

The SPEAKER pro tempore. Pursuant to the order of the House of January 20, 2004, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized during morning hour debates for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, in this Cover the Uninsured week, I rise to say that our health care system in this country is falling short on promise and contributing to disabling illness and premature death of the people it is supposed to serve. The picture is worse for African Americans who, for almost every illness, are impacted more severely and disproportionately, in some

cases more than all other minorities combined. Every day in this country there are at least 200 African American deaths which could and should have been prevented.

The current strongly held-to "cost containment" paradigm, while it sounds good on the surface, has obviously not worked. We now have double digit increases in premiums in an industry that was to rein in costs. What it did instead was create a multi-tiered system of care, both within managed care and without. Those at the lowest rungs of the system got and continue to get sicker. The sicker, and the more costly, were and are still being dropped, and those who are sickest were and remain locked out entirely.

In 2003, health care spending rose to \$1.7 trillion, or an average of almost \$5,000 per person. As a percentage of the gross domestic product, it grew from 13.1 percent in 1999 to 15.2 percent in 2002. National health care expenditures are expected to reach \$2.8 trillion in 2011.

These health care costs are driven by, among other things, lack of preventive care, poor disease management, the consequent use of high-cost care, and the cost burden of uncompensated care.

A recent study by the Kaiser Family Foundation found that the uninsured are 30 to 50 percent more likely to be hospitalized for an avoidable condition, the average cost of which in 2002 was estimated to be about \$3,300. Close to 93 percent of the uninsured report having a more difficult time getting access to primary care and, therefore, are coming first to emergency rooms. About 97 percent of them report having medical conditions that have persisted or worsened because of a lack of early intervention or preventive care.

To add insult to injury, these uninsured individuals are also often penalized by being charged higher fees for health care services and not given the discounts afforded insured patients. A Health Affairs article published in 2000 entitled "Gouging the Medically Uninsured" found that an uninsured patient paid up to twice as much as the insured patient. A New York Times article titled "Medical Fees Are Often Higher For Patients Without Insurance" cited examples of uninsured patients being charged up to 7 times more for a gynecological exam.

Mr. Speaker, lack of health insurance is a major factor in the escalating costs of health care and it affects minority populations more than others. Over a third of Latinos are uninsured, the highest rate among all groups studied, and 2½ times higher than the rate for whites. Nearly a quarter of African Americans and about one fifth of Asian Americans and Pacific Islanders have no health coverage.

Uninsured rates are lower among Native Americans only due to their ability to receive services through the Indian Health Service, which represents a set of federally provided health services as opposed to coverage, yet the